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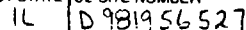
Superfund/HRS

(580301-A0101)

High-Stack
Dey
7-30-87

EPA		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT				I. IDENTIFICATION	
II. SITE NAME AND LOCATION		01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		01 STATE	02 SITE NUMBER
Sandwich Public wells #1 + #2		East side of town		IL	D 981956527		
03 CITY		04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST	
Sandwich		IL	60548	DeKalb	037	15	
09 COORDINATES		LATITUDE		LONGITUDE			
N 41 38 42.5		W 88 37 02.1					
10 DIRECTIONS TO SITE (Starting from nearest public road)		See attached map					
III. RESPONSIBLE PARTIES		01 OWNER (if known)		02 STREET (Business, mailing, residential)		Program Support Section	
Sandwich Municipal Water District		144 East R.R. St.					
03 CITY		04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER			
Sandwich		IL	60548	(1) UNKNOWN			
07 OPERATOR (if known and different from owner)		08 STREET (Business, mailing, residential)					
Dan Gilbert		111					
09 CITY		10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER			
Sandwich		IL	60548	(815) 786-6471			
13 TYPE OF OWNERSHIP (Check one)		14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN		<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD		01 ON SITE INSPECTION		BY (Check all that apply)			
<input checked="" type="checkbox"/> YES DATE 11/13/86 <input type="checkbox"/> NO 9/10/86		<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one)		03 YEARS OF OPERATION		04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		1911 2 1939 Present BEGINNING YEAR ENDING YEAR		Estimated solvent present at various locations in town and surrounding area.			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION		06 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION		US EPA RECORDS CENTER REGION 5			
Groundwater Population Environment Surface water Environment				 412165			
V. PRIORITY ASSESSMENT		01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input checked="" type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input type="checkbox"/> D. NONE (No further action needed, complete current disposition form)							
VI. INFORMATION AVAILABLE FROM		01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
Dan Gilbert		Municipal Water Supply				(1) UNKNOWN	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE		
Tom Ennio		IEPA	ELP-IEPA	(211) 782-0462	05/18/81	MONTH DAY YEAR	

00911 NB



~~X~~ HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE

02 SITE NUMBER

IL

D 981956527

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☒ A GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED 6980

02 ☒ OBSERVED (DATE 11/15/88)

04 NARRATIVE DESCRIPTION

POTENTIAL

ALLEGED

IEPA HAS confirmed the presence of organic solvents in Well #1 & 2, the wells have been temporarily removed from service.

01 ☒ B SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Possible surface water contaminants reaching Samonauk Creek and Lake Holiday 2 mi To the west and Little Rock Creek 2 mi To the East

01 ☐ C CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ D FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ E DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ F CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: (Acres)

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☒ POTENTIAL

☐ ALLEGED

Unknown

01 ☒ G DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED 6980

02 ☒ OBSERVED (DATE 11/15/88)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

See A

01 ☐ H WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ I POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED:

02 ☐ OBSERVED (DATE)

04 NARRATIVE DESCRIPTION

☐ POTENTIAL

☐ ALLEGED

Unknown



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
IL D481956527

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills, runoff, standing liquids, leaking drums)

02 ☐ OBSERVED (DATE: _____)

☒ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED

04 NARRATIVE DESCRIPTION

See Attached Wellhead Survey
A well head survey noted some twenty potential sources of
contaminants. Further study is needed to identify source

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____)

☐ POTENTIAL

☐ ALLEGED

Unknown

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 6980

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Executive Summary

Sandwich public water supply wells #1 and #2 were tested and found to be contaminated with volatile organic solvents on September 10, 1986. Well #1 & #2 contained 24 and 17 PPB Trichloroethylene respectively the two wells are less than fifty feet apart and are open to Cambrian Age sand and limestone. Well #1 has 12" casing to 139' and was open hole completed in 1911 to 600'. Well #2 is cased from 0 feet to 156 feet and from 301 feet to 396 feet and was open hole completed in 1939 to 600'.

The well contamination was confirmed on November 15, 1986. Contamination detected in Well #1 consisting of, 2 PPB of 1,2 Dichlorethane and 17 PPB. Trichloroethylene. Water from Well #2 contained 113 PPB Trichloroethylene. The two wells have been temporarily removed from service and sampling is carried out quarterly. The Village is now dependant on Municipal well #3 which is approximately 1000' south of the two contaminated wells and is drawing water from the same horizon.

TE:st:2739g/sp9